

DELAWARE MANUFACTURED HOME RELOCATION AUTHORITY

TENANT APPLICATION FOR RELOCATION ASSISTANCE

I hereby request assistance from the Delaware Manufactured Home Relocation Trust Fund as set forth in 25 Del. C. §7012. By signing this form, I certify that I am a tenant as defined in 25 Del. C. §7003(u) and that I have paid my share of the total Trust Fund assessment during the course of my tenancy. I understand that it is a class A misdemeanor for a tenant or a tenant's agent to file any notice, statement, or other document required hereunder which is false or contains a material misstatement of fact.

(Signature of Tenant/s)

(Date)

(Social Security No.)

TENANTS NAME _____
(Please Print)

PARK NAME _____

UNIT ADDRESS: _____
Lot No. _____

CITY/STATE/ZIP CODE: _____

Mailing Address if different from where unit is:

PHONE NUMBER: _____ SINGLE-WIDE____ DOUBLE-WIDE____

UNIT SIZE: _____ YEAR: _____ MANUFACTURER: _____

Please attach: (a) a copy of your title or a notarized document showing ownership; (b) a copy of the notice of termination or non-renewal of your rental agreement due to a change in use of land; (c) if you are seeking relocation expenses, you must submit a copy of your contract with a licensed moving or towing contractor for the moving expenses for your home; (d) if you believe that your home is non-relocatable, provide a brief description of the reason for your belief. (If the Authority determines that your home is in fact non-relocatable, you must obtain at your expense, an appraisal prepared by a certified manufactured home appraiser. A list of qualified appraisers may be obtained by contacting the Authority). If you elect to abandon your home, please so note below. Under the Act, the maximum benefit payable to a Tenant who elects to abandon his or her

home is \$1,500.00 for a single section home and \$2,500.00 for a multi-section home.

Type of Benefits Applied For: (Check the Appropriate Benefit and Amount Requested)

- A. Relocation Expenses of Moving Home _____ \$ _____
- B. Abandonment Payment _____ \$ _____
- C. Non-Relocatable Home Payment _____ \$ _____

This form must be completed, signed and returned along with the required documents to:

Delaware Manufactured Home Relocation Authority
1675 S. State Street
Suite E
Dover, DE 19901